County: Washburn
TERRACEVIEW LIVING CENTER
COUNTY TRUNK B
SHELL LAKE 54871 Phone: (715) 468-7292
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 70
Total Licensed Bed Capacity (12/31/00): 70
Number of Residents on 12/31/00: 65

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related

Skilled No Yes 65

		Are Con and Dulmann Diare	:C	Decidents (19/9)	1 /00)	I ameth of Store (19/21/00)	%
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	70				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No Yes No No Yes No Yes No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0. 0 46. 2 4. 6 0. 0 6. 2 3. 1 9. 2 6. 2 7. 7 0. 0 6. 2 10. 8	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	4. 6 1. 5 36. 9 44. 6 12. 3 100. 0 95. 4	Less Than 1 Year 1 - 4 Years More Than 4 Years *************************** Full-Time Equivaler Nursing Staff per 100 Re (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	47. 7 32. 3 20. 0 100. 0
Developmentally Disabled ************************************	No	**********	*****	*************	100.0	 *****************************	******

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri			rivate Pay			Manageo			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	I	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	2	33. 3	\$202. 95	2	4. 5	\$113. 22	0	0. 0	\$0.00	1	6. 7	\$127.50	0	0. 0	\$0.00	5	7. 7%
Skilled Care	4	66. 7	\$202.95	35	79. 5	\$97. 79	0	0. 0	\$0.00	13	86. 7	\$112.50	0	0.0	\$0.00	52	80.0%
Intermedi ate				7	15.9	\$82. 35	0	0.0	\$0.00	1	6. 7	\$102.50	0	0.0	\$0.00	8	12. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	6	100.0		44	100. 0		0	0.0		15	100.0		0	0.0		65	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period Total % Needi ng Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 10.1 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 16. 9 41.5 41.5 65 Other Nursing Homes 0.0 **Dressing** 23. 1 35. 4 41.5 65 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 86.9 Transferring 35.4 24. 6 40.0 65 Toilet Use 38. 5 20.0 65 0.0 41.5 1.0 Eating 73.8 10.8 65 15. 4 ****** Other Locations 2.0 Total Number of Admissions 99 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 9. 2 3. 1 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 67.7 0.0 Private Home/With Home Health 35. 1 Occ/Freq. Incontinent of Bowel 32. 3 0.0 Other Nursing Homes 12.8 1. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.4 Mobility 0.0 Physically Restrained 0.0 10.8 29. 2 0.0 Other Locations 7.4 Skin Care Other Resident Characteristics 38. 3 Deaths With Pressure Sores 3. 1 Have Advance Directives 93.8 Total Number of Discharges With Rashes Medications 4.6 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownershi p:			Bed	Si ze:		ensure:				
	Thi s	Non	profit	50-	- 99	Ski l	lled	Al l			
	Facility Peer Group			Peer	Group	Peer	Group	Facilities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	92. 9	88. 0	1.06	85. 4	1.09	84. 1	1. 10	84. 5	1. 10		
Current Residents from In-County	80. 0	79. 3	1. 01	72. 9	1. 10	76. 2	1. 05	77. 5	1.03		
Admissions from In-County, Still Residing	22. 2	24. 2	0. 92	21. 3	1.04	22. 2	1. 00	21. 5	1.03		
Admissions/Average Daily Census	152. 3	102. 4	1. 49	101. 3	1. 50	112. 3	1. 36	124. 3	1. 23		
Discharges/Average Daily Census	144. 6	99. 2	1.46	101. 3	1.43	112. 8	1. 28	126. 1	1. 15		
Discharges To Private Residence/Average Daily Census	50. 8	33.8	1. 50	37. 6	1. 35	44. 1	1. 15	49. 9	1.02		
Residents Receiving Skilled Care	87. 7	88. 7	0. 99	89. 6	0. 98	89. 6	0. 98	83. 3	1.05		
Residents Aged 65 and Older	95. 4	96. 0	0. 99	93. 4	1.02	94. 3	1. 01	87. 7	1.09		
Title 19 (Medicaid) Funded Residents	67. 7	68. 6	0. 99	69. 0	0. 98	70. 1	0. 97	69. 0	0. 98		
Private Pay Funded Residents	23. 1	26. 2	0. 88	23. 2	0. 99	21.4	1.08	22. 6	1.02		
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00		
Mentally Ill Résidents	50. 8	38. 6	1.31	41.5	1. 22	39. 6	1. 28	33. 3	1. 52		
General Medical Service Residents	10.8	16. 4	0. 66	15. 4	0. 70	17. 0	0. 63	18. 4	0. 58		
Impaired ADL (Mean)	49. 8	46. 9	1.06	47. 7	1. 05	48. 2	1.04	49. 4	1.01		
Psychological Problems	60. 0	53. 4	1. 12	51. 3	1. 17	50. 8	1. 18	50. 1	1. 20		
Nursing Care Required (Mean)	6. 0	6. 5	0. 92	6. 9	0. 86	6. 7	0. 89	7. 2	0.83		